

Stephanie Anderson, case # 2009R01028

FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

Billed by Dr. Haese's clinic for treatment \$ 8,098
for Daniel and Stephanie Anderson
(was billed to Kathleen and James Hallman
for our treatment) \$ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

4. If you had funeral expenses, please list them.

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

(Stephanie and husband Daniel Anderson traveled together.)

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.) *(Air tickets were free because of frequent flier miles.)*

Travel expense - hotel - La Quinta in Las Cruces, NM \$ 759.68

Travel expense - car rental - Enterprise \$ 436.74

Travel expense - food during stay in Las Cruces, NM ~~\$ 1,364.08~~ \$ 364.08

6. *Travel expense - gas and airline checked bag fees - \$ 72.21*
If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income

\$ _____

TOTAL OF CRIME RELATED COSTS

\$ 9,730.71

B. Money you have received from other sources:

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance

\$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Medical Insurance

\$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

2. Have you applied for Crime Victim Compensation Benefits? Yes _____ No _____

If you received any compensation as a result of your claim, please list the amount.

\$ _____

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

Stephanie E. Anderson
SIGNATURE

3-7-10
DATE

Subject: (no subject)
 From: DRCarlEHaese@aol.com
 Date: Tue, 20 Jan 2009 15:54:56 EST
 To: hallent@xpri.net

Treatment from Dr. Haese

Anderson's

01/20/2009

2-Anti Microbial Infusions \$1,900.00 (950.00)x2

3-Nutritional Support IV's \$885.00 (295.00)x3

3-Dioxychlor IV's \$585.00 (195.00)x3

2- ST-8 Treatments \$300.00 (150.00)x2

2- FIR Detox \$300.00 (150.00)x2

Total Cost of protocol \$3,970.00x2 \$7,940.00

overcharged \$2.00

\$7,940

+ 156-Supplements

\$8,096

Billed \$8,098

Inaugu

from the na

Anderson's

THE HAESE CLINIC
 532 N TELSHOR STE 6
 LAS CRUCES, NM 8801

TERMINAL I.D.:
 MERCHANT # : 060000011667001

01/20/09 3:41 PM

UISA
 *****7258
 MANUAL

SALE
 BATCH: 000075
 INU:494788

AUTH: 05564C
 RRN: 00000000
 AUS: Y

TOTAL \$8098.00

*S + D
 Anderson*

CUSTOMER COPY

Ultra Preventive	\$ 33.00
Ultra B-Complex	24.00
Ultra Micro Plus	34.00
Cellzyme	65.00
	\$ 156.00

1/20/2009 1:04 PM



LA QUINTA INN LAS CRUCES ORGAN MOUNTAIN
1500 HICKORY DRIVE
LAS CRUCES, NM 88005
5755230100

ANDERSON, DANIEL
085 PIONEER BOULEVARD
SUITE 200
ANDY, OR 97055
Company: AAA RATES

Folio#: 403035716
Room: 215
Arrival: 01/18/09
Departure: 01/28/09
Rate: \$63.00

Returns Club No :
Voucher/Ship/PO: VT2GGC

Trans #	Date	Description	Charges	Payments	Balance
59326	1/18/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$66.60
59327	1/18/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$69.10
59328	1/18/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$72.43
59329	1/18/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$77.18
59501	1/19/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$143.78
59502	1/19/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$146.28
59503	1/19/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$149.61
59504	1/19/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$154.36
59738	1/20/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$220.96
59739	1/20/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$223.46
59740	1/20/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$226.79
59741	1/20/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$231.54
59928	1/21/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$298.14
59929	1/21/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$300.64
59930	1/21/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$303.97
59931	1/21/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$308.72
60172	1/22/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$375.32
60173	1/22/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$377.82
60174	1/22/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$381.15
60175	1/22/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$385.90
60396	1/23/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$452.50
60397	1/23/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$455.00
60398	1/23/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$458.33
60399	1/23/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$463.08
60598	1/24/2009	Rm: 215 AAA - AAA RATE	\$66.60	\$0.00	\$529.68
60599	1/24/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$532.18
60600	1/24/2009	TAX - OCCUPANCY - CITY	\$3.33	\$0.00	\$535.51
60601	1/24/2009	TAX - OCCUPANCY - STATE	\$4.75	\$0.00	\$540.26
60823	1/25/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$603.26
60824	1/25/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$605.76
60825	1/25/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$608.91
60826	1/25/2009	TAX - OCCUPANCY - STATE	\$4.49	\$0.00	\$613.40
61066	1/26/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$676.40
61067	1/26/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$678.90
61068	1/26/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$682.05
61069	1/26/2009	TAX - OCCUPANCY - STATE	\$4.49	\$0.00	\$686.54
61348	1/27/2009	Rm: 215 AAA - AAA RATE	\$63.00	\$0.00	\$749.54
61349	1/27/2009	TAX - OCCUPANCY - FLAT RATE	\$2.50	\$0.00	\$752.04
61350	1/27/2009	TAX - OCCUPANCY - CITY	\$3.15	\$0.00	\$755.19

car rental

ENTERPRISE LEASING COMPANY - WEST

6701 CONVAIR RD STE T

EL PASO, TX 799251029

(915) 779-2260

Branch: 1007649

Ticket: 610695 Ref#: 4H773J

DANIEL ANDERSON

Out: 01/18/2009 2:57 PM

In: 01/28/2009 11:05 AM

Vehicle: 2008 CHRY PTCR TOUR

Vehicle License: FLT775

TIME & DISTANCE

1@ \$142.51/WEEK = \$142.51

3@ \$28.64/DAY = \$85.92

REFUELING CHARGE = \$0.00

YOUNG DRIVER FEE (18-24)

10@ \$10.00/DAY = \$100.00

AIRPORT SURCHARGE

10.0000% = \$32.84

TEXAS REIMBURSEMENT FEE

10@ \$1.85/DAY = \$18.50

TEXAS MOTOR VEHICLE RENTAL TAX

10.0000% = \$37.98

SUNBOWL TAX 5.0000% = \$18.99

Total Charges: \$436.74

Charge To: MC XXXXXXXXXXXX7825

Thank you for renting from

Enterprise Rent-a-Car

To reserve a car use:

1 (800) RENT-A-CAR

or

www.enterprise.com

food during travel

QUIZNOS 5771
1455 HICKORY DR. #6
LAS CRUCES, NM 88005
(505) 523 4600

*** COPY ***

ORDER # 01373

RG PRIME RIB 5.99
RG TRKY RANCH 5.39

EAT-IN

TAX TOTAL \$ 11.38
TOTAL \$ 0.81
TOTAL \$ 12.19

CHECK \$ 12.19

5173

COUNTER
REG1-PM

JAN. 19, 2009
11:52

CUSTOMER COMMENTS CALL 866 4TOASTED
VISIT US AT WWW.QUIZNOS.COM
GO TO WWW.ULTIMATEITALIAN.COM
TO ENTER QUIZNOS
ULTIMATE ITALIAN GIVEAWAY

SUBWAY SANDWICHES #6
555 UTAH #C
LAS CRUCES, NM 88001
(505) 644-2062

JAN 20, 2009 02:06PM

MERCH ID: 01319899835000

REF #: 037
ACT #: *****4010
CARD : MASTERCARD

SALE \$ 11.67

APPROVAL CODE: 063523
TRAN ID: MDGIGSKHF0120

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT

X-----
SIGNATURE

ANDERSON/DANIEL BENJAMIN

THANK YOU!
PLEASE COME AGAIN!

CUSTOMER COPY

NEW CHINA BUFFET
850 N TELSHOR BLVD
LAS CRUCES NM 88011
505-522-8989

Merchant ID: 000002934977
Term ID: 00324911 Ref #: 0052
Server ID: 8

Sale

*****4010

MASTERCARD Entry Method: Swiped

Amount: \$ 19.31

Tip:

Total:

01/21/09 18:50:58

Inv #: 000052 Appr Code: 064604

Apprvd: Online Batch#: 000480

Customer Copy

THANK YOU

www.CrackerBarrel.com

Thank You
Please Come Back

--1138714 CLOSED JAN20 7:48PM--

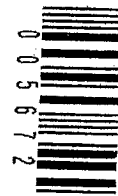
1 WATER 0.00
1 WATER 0.00
1 MOM CAKE MAPLE 7.19
SCRAMBLED
1 CD SM CD HAM 7.19
Subtotal 14.38
Tip 3.00
Tax 1.06
Total 18.44
XXXXXXXXXXXX1016 XX/XX
MASTER CARD 18.44

TBL 214/1 5 6 7 2 GST 2
JAN20'09 7:17PM

1043410 CHRISTINA L 1

Cracker Barrel Store #253

Las Cruces, NM



QUIZNOS 5771
1455 HICKORY DR. #6
LAS CRUCES, NM 88005
(505) 523 4600

ORDER # 01607

RG BRBN CHICKN	5.39
CHIPS	0.99
MED DRINK	1.59
RG ITALIAN	5.39
CHIPS	0.99
1 ENTREE/CHIPS	-0.59

EAT-IN

TAX TOTAL	\$	13.76
TOTAL	\$	0.98
	\$	14.74

MASTER CARD	\$	14.74
CHARGE TIP	\$	0.00
ACCOUNT# :		
AUTH# :		

5454 COUNTER JAN. 21, 2009
REG1-PM 12:00

CUSTOMER COMMENTS CALL 866 4TOASTED
VISIT US AT WWW.QUIZNOS.COM
GO TO WWW.ULTIMATEITALIAN.COM
TO ENTER QUIZNOS
ULTIMATE ITALIAN GIVEAWAY

Cracker Barrel Store #253
Las Cruces, NM
1103686 LINDSEY J
TBL 224/1 6 6 0 5 GST 2
JAN22'09 6:25PM

1 RASPBERRY LEMON	1.99
1 WATER	0.00
1 COUNTRY CHEF SAL	7.99
PEPPERCORN	
1 GRILL CKN SALAD	
HONEY MUSTARD	
Subtotal	17.97
Tip	3.00
Tax	1.33
Total	22.30
XXXXXXXXXXXX1016	XX/XX
MASTER CARD	22.30
--1120256 CLOSED JAN22	7:07PM--

Thank You
Please Come Back
www.CrackerBarrel.com

Thank you!!

SRANTORINI
1001 University Ave. Ste 2
Las Cruces, NM 88006
ph 915-274-7663

Thank You for Visiting

TBLL: D 5:2 - 1 Guests
SRANTORINI [Not Found]
1/22/2009 12:44:43 PM - ID #0057508

Subtotal	\$13.50
Total Taxes	\$1.00

Grand Total	\$14.50
-------------	---------

Credit Purchase
Name : ANDERSON/STEPHANIE E
CC Type : MasterCard
CC Num : xxxx xxxx xxxx 1016
Reference : 1566
Approval : 005868
Server : Manager
Ticket Name : D 5:2

Payment Amount:	\$14.50
-----------------	---------

Tip:	\$1.50
------	--------

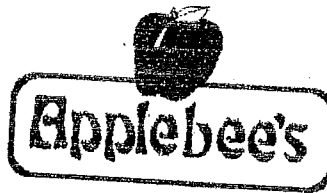
Total:	\$16.00
--------	---------

CUSTOMER COPY

I agree to pay the amount shown above.

Please Come Back!

** GUEST COPY **



APPLEBEE'S
NEIGHBORHOOD GRILL & BAR
1601 Hickory Loop
Las Cruces, NM 88001
(505) 525-1891

USER: JENNIFER W MASTERCARD
DATE: 01-27-09 TIME: 20:12 CTRL: 20186

CARD NUMBER: *****1016
EXP DATE: **/**
APPROVAL CODE: 081960

AMOUNT: 20.21

TIP: 3.00

TOTAL: \$23.21

X
Cardmember agrees to pay total in
accordance with agreement governing
use of such card.

** GUEST COPY **

905

Murphy Express
1290 South Valley
Las Cruces,
NM 88005-3060
800-843-4298

SITE: 8536
DATE: 01-25-09
TIME: 20:13
TRACE: 8916
Merch5429 02185364
Term ID: 99051

SALE
Debit

*****4010

Entry Method: S
Invoice#: 9492
Auth.#: 007423
Batch: 20090125478
CARD AMT: \$ 21.25
PIN USED

PUMP: 1
PROD: UNLEAD
PRICE/GAL: \$1.719
NET/GAL: \$1.719
QTY(GAL): 14.105
FUEL TOTAL: \$24.25
NET TOTAL: \$24.25

Save 3 cents per
GALLONS with the
Murphy Express
GAS CARD!!

Murphy Express 8536
1290 South Valley Dr
Las Cruces,
NM 88005-3060
800-843-4298

SITE: 8536
DATE: 01-25-09
TIME: 20:12
TRACE: 7305
ch54292988 05364
ID: LP69 51

LE

bit

*****4010
Entry Method: S
Invoice#: 8755
Auth.#: 006944
Batch: 20090125478
CARD AMT: \$ 13.00
PIN USED

PUMP: 6
PROD: UNLEAD
PRICE/GAL: \$1.719
NET/GAL: \$1.719
QTY(GAL): 7.551
FUEL TOTAL: \$13.00
NET TOTAL: \$13.00

Save 3 cents per
GALLONS with the
Murphy Express
GAS CARD!!

7-11 #57651
6200 GATEWAY EAST
EL PASO, TX
Station: 651
Unit: 5194-01
- Original -
01/28/2009 10:53
Receipt: 42834
Pump: 02
Product: UNLEADED
Gallons: 2.667
Price/G: \$ 1.859
TOTAL: \$ 4.96
SALE - Card Swiped
MC XXXXXXXXXXXX4010
Response Code 00
Refer: 96000790244
Batch: 79 Seq: 24
Approval: 077265

Thank You For
Your Business
Please Come Again

FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

_____ \$ _____
_____ \$ _____
_____ \$ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

_____ \$ _____
_____ \$ _____
_____ \$ _____

4. If you had an funeral expenses, please list them.

_____ \$ _____
_____ \$ _____
_____ \$ _____

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ 349.49

TOTAL OF CRIME RELATED COSTS

\$ 349.49

B. Money you have received from other sources:

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance \$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Medical Insurance \$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

2. Have you applied for Crime Victim Compensation Benefits? Yes ____ No ____

If you received any compensation as a result of your claim, please list the amount.

\$ _____

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.


SIGNATURE

3-7-2010
DATE

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

U.S. ATTORNEY'S OFFICE
LAS CRUCES, NM

2010 MAR 29 AM 10:04



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16280 WASHINGTON DC

POSTAGE WILL BE PAID BY U.S. DEPARTMENT OF JUSTICE

UNITED STATES ATTORNEYS OFFICE
DISTRICT OF NEW MEXICO
555 S TELSHOR STE 300
LAS CRUCES NM 88011

Attention: Jacquie Gutierrez